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EL 465782355 A

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Approved for use through 09/30/2000. OMB 0651-0032Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. MI22-1776

First Inventor or Application Identifier John T. Moore

Title Capacitors, Methods of Forming Capacitors, and

Express Mail Label No. EL 465782355

Assistant Commissioner for Patents  
ADDRESS TO: Box Patent Application  
Washington, DC 20231

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 26] (preferred arrangement set forth below)	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
<ul style="list-style-type: none"> <li>- Descriptive title of the Invention Plus title page</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6]	a. <input type="checkbox"/> Computer Readable Copy
4. Oath or Declaration [Total Pages 2]	b. <input type="checkbox"/> Paper Copy (identical to computer copy)
<ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)</li> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li> </ul>	
<small>• NOTE FOR ITEMS 1 &amp; 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</small>	
7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Statement 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) * Small Entity <input type="checkbox"/> Statement filed in prior application 13. <input type="checkbox"/> Statement(s) <input type="checkbox"/> Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input checked="" type="checkbox"/> Other: Check: Power of Attorney by _____ Assignee and Certificate by _____ Assignee _____	

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	021567	or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)			
Name	Mark S. Matkin				
	Wells, St. John, Roberts, Gregory & Matkin P.S.				
Address	601 West First Avenue, Suite 1300				
City	Spokane	State	WA	Zip Code	99201-3828
Country		Telephone	509-624-4276	Fax	509-838-3424

Name (Print/Type)	Mark S. Matkin	Registration No. (Attorney/Agent)	32,268
Signature			
Date	8/29/01		

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# FEE TRANSMITTAL

## for FY 2001

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$1,332.00)

## Complete if Known

Application Number	Unknown
Filing Date	Filed Herewith
First Named Inventor	John T. Moore
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	MI22-1776

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 23-0925

Deposit Account Name Wells, St. John, Roberts et al.

 Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.172.  Payment Enclosed: Check  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 690	201 345	Utility filing fee	710.00
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 690	208 345	Reissue filing fee	
114 150	214 75	Provisional filing fee	
SUBTOTAL (1)		(\$ 710.00)	

## 2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims 39 -20** = 19	X 18 = 342	
Independent Claims 6 - 3** = 3	X 80 = 240	
Multiple Dependent		= 0

\*\*or number previously paid, if greater. For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 582.00)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	0.00
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00
139 130	139 130	Non-English specification	0.00
147 2,520	147 2,520	For filing a request for reexamination	0.00
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	0.00
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0.00
115 110	215 55	Extension for reply within first month	0.00
116 380	216 190	Extension for reply within second month	0.00
117 870	217 435	Extension for reply within third month	0.00
118 1,360	218 680	Extension for reply within fourth month	0.00
128 1,850	228 925	Extension for reply within fifth month	0.00
119 300	219 150	Notice of Appeal	0.00
120 300	220 150	Filing a brief in support of an appeal	0.00
121 260	221 130	Request for oral hearing	0.00
138 1,510	138 1,510	Petition to institute a public use proceeding	0.00
140 110	240 55	Petition to revive - unavoidable	0.00
141 1,210	241 605	Petition to revive - unintentional	0.00
142 1,210	242 605	Utility issue fee (or reissue)	0.00
143 430	243 215	Design issue fee	0.00
144 580	244 290	Plant issue fee	0.00
122 130	122 130	Petitions to the Commissioner	0.00
123 50	123 50	Petitions related to provisional applications	0.00
126 240	126 240	Submission of Information Disclosure Stmt	0.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	40.00
146 690	246 345	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149 690	249 345	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
Other fee (specify)			0.00
Other fee (specify)			0.00
Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(\$ 40.00)

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Mark S. Matkin	Registration No. (Attorney/Agent)	32,268	Telephone	509-624-4276
Signature				Date	8-31-01

## WARNING:

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04-27-01 04-00  
09/18/01

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/943,180
Filing Date	August 29, 2001
First Named Inventor	John T. Moore
Group Art Unit	Unknown
Examiner Name	Unknown

Attorney Docket Number MI22-1776

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Receipt Postcard Form PTO-1449
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> copies of cited references
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	NO FEE REQUIRED

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark S. Matkin; Wells, St. John, Roberts, Gregory & Matkin P.S.
Signature	
Date	9/24/01

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 9-21-2001

Typed or printed name	Jaime M. White
Signature	
Date	9-24-01

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